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| <b>STATE OF MICHIGAN<br/>JUDICIAL DISTRICT</b> | <b>ANSWER<br/>Civil</b> | <b>CASE NO.</b> |
|--|-------------------------|-----------------|

Court address

Court telephone no.

|   |
|---|
| Plaintiff name(s), address(es), and telephone no.(s)      |
| Plaintiff's attorney, bar no., address, and telephone no. |

**v**

|   |
|---|
| Defendant name(s), address(es), and telephone no.(s)      |
| Defendant's attorney, bar no., address, and telephone no. |

Number paragraphs in the answer to correspond to paragraphs in the complaint. Attach additional sheets if necessary.

- Defendant(s),
- Attorney for defendant(s),      in answer to the complaint, say(s):

\_\_\_\_\_ Date

\_\_\_\_\_ Defendant attorney signature

\_\_\_\_\_ Defendant's signature

I certify that on this date a copy of this answer was served upon the plaintiff(s) and/or their attorney by:  
 personal service.       ordinary mail addressed to the address(es) shown above.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature